APPENDIX B

DEFINITIONS AS USED IN THIS PLAN & LIST OF PARTICIPATING MDHHS INSTITUTIONS

1. **Adults with Combination Diagnoses** - DD or MI adults who are also aged or physically handicapped.

2. **Adults with Dual Diagnoses** - Adults with developmental disabilities whose presenting problem/behavior fits the definition of mental illness.

3. **Dependent Care** - Adult Foster Care (AFC) Homes, Homes for the Aged (HA), Nursing Care Facilities.

4. **Developmental Disability (DD)** - An impairment of general intellectual functioning or adaptive behavior which meets the following criteria:

   (i) It originated before the person became 18 years of age;

   (ii) It has continued since its origination or can be expected to continue indefinitely;

   (iii) It constitutes a substantial burden to the impaired person's ability to perform normally in society;

   (iv) It is attributable to 1 or more of the following:

      (A) Intellectual disability, cerebral palsy, epilepsy, or autism.

      (B) Any other condition of a person found to be closely related to intellectually disabled because it produces a similar impairment or requires treatment and services similar to those required for a person who is intellectually disabled.

      (C) Dyslexia resulting from a condition described in sub-paragraph (A) or (B), per Section 500 of Act 258 as amended.

5. **MDHHS/CMH** - Institution, region, or central MDHHS, or CMH, based upon who is determined responsible for the action.

6. **SER** - State Emergency Relief.

7. **Formerly Institutionalized Adult** - An adult who has been a resident in a MDHHS or CMH in-patient setting but not during the preceding twelve (12) months.

8. **HA** - Homes for Aged.

9. **MA** - Medical Assistance.

   *From MH Code, Sections 500(h), 400(a) respectively.

10. **Mental Health (MH) Recipient** - Persons who, because of their individual "care, treatment, or rehabilitation" needs related to mental illness or developmental disability have been registered as eligible to receive the types and scopes of services provided through the public mental health system per Sec. 330.1116 of Act 258 of 1974.[1]

11. **Mental Illness (MI)** - "Mental illness" means a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.

12. **Never Institutionalized Adult** - An adult who has never been a resident in a MDHHS or CMH in-patient setting.

13. **Recently Institutionalized Adult** - An adult who has been a resident in a MDHHS or CMH in-patient setting within the twelve (12) months preceding a request for dependent care placement.

14. **Specialized Residential Facility** - Any dependent care setting reimbursed in whole or in part by MDHHS/CMH and/or under contract for service with MDHHS/CMH. **System Entry** - Criteria for establishing eligibility as a mental health recipient.

    *From M.H. Code, Sections 500(h), 400(a) respectively.

15. **Institutions for the Developmentally Disabled -**

    Alpine Regional Center.
    Caro Regional MH Center.

[1] See Fifth Edition of MDHHS Program Policy Guidelines, Fiscal Year 1981-82 (June 1980), page 44.

Coldwater Regional Center.
Hillcrest Regional Center.
Oakdale Center.
Macomb/Oakland Regional Center.
Mt. Pleasant Center.
Muskegon Regional Center.
Newberry Regional MH Center.
Northville Residential Training Center.
Plymouth Center for Human Development.
Southgate Regional Center.

16. Institutions for the Mentally Ill -

Caro Regional MH Center.
Clinton Valley Center.
Detroit Psychiatric Institute.
Kalamazoo Regional Psychiatric Hospital.
Lafayette Clinic.
Walter P. Reuther Psychiatric Hospital.
Michigan Institute for Mental Health.
Newberry Regional MH Center.
Northville Regional Psychiatric Hospital.
Traverse City Regional Psychiatric Hospital.
Ypsilanti Regional Psychiatric Hospital.

17. The following terms, when used by the MDHHS/CMH, mean as follows:

    a. **Home Recruitment** - The process of identifying new homes to provide residential services to meet the special needs of persons requiring dependent care.

    b. **Home Development** - The process of assisting potential or licensed providers, be they new to the field or with many years of experience, to improve and upgrade the quality of care and services provided residents by means of training, technical assistance and consultation. This may include initiation of a contract between MDHHS/CMH and a provider.

    c. **Placement** - The act of matching individual client needs for dependent care with placement resources and support services in the community, plus arranging for the actual physical move to the facility.

d. **Client Services Management/Follow-up** - Singular responsibility for assuring that these administrative, facilitative, and advocacy activities are carried out: that appropriate and required client assessments are performed; that an individualized plan of service is developed, implemented, reviewed, and updated; and that essential planning, coordination, facilitation, monitoring recordkeeping, and advocacy activities are taking place on behalf of the recipient.

MDHHS/CMH PRIORITIES FOR TRANSFER OF DEPENDENT CARE PLACEMENT & FOLLOW-UP

Incremental assumption of sole responsibility by MDHHS/CMH is the most reasonable course of action from a management and resource perspective; thus, the recommendation that this realignment occur over several fiscal years. Flexibility has been built in to the extent possible and acceleration of the time frames is encouraged whenever possible.

*See fifth edition DMH (MDHHS) Policy Guidelines FY 1981/82 (June 1980), pg. 44.

MDHHS/CMH ASSIGNMENT OF RESPONSIBILITY

It is the intent of the MDHHSMDHHS to lodge resources and responsibility for home recruitment/ development, placement, and client service management with CMH to the extent possible regardless of placement request source. This is in keeping with the intent of P.A. 258 requiring the department to transfer to the community responsibility for planning and services delivery as CMH displays willingness and capacity to assume same.[2] If CMH is not willing or able, MDHHS, thus, is responsible.

[2] See Fifth Edition of MDHHS Program Policy Guidelines, Fiscal Year 1981-82 (June 1980), page 44.

SPECIFIC AGENCY ROLES AND RESPONSIBILITIES FOR DD ADULTS

1. Effective 10-1-79, MDHHS/CMH will provide placement and follow-up services for adults exiting any DD institution into any kind of dependent care (AFC, HA, nursing care facilities). The placement review committee process involving institutional and CMH staff will continue but MDHHS involvement will consist only of providing information on requests about facilities and vacancies. MDHHS services cases will not automatically be open for pre-placement planning. Clients exiting special nursing homes for the intellectually disabled and Alternative Intermediate Services (AIS) facilities into other dependent care facilities in the community will go through a MDHHS/CMH placement review committee process.

2. Responsibility for placement and follow-up of recently institutionalized adults clearly rests with CMH.** Accordingly, when such adults seek placement from MDHHS, they will be referred to and advised by CMH of their right to service under the Mental Health Code and encouraged to seek placement and follow-up services through MDHHS/CMH. Only after such services are declined in writing will MDHHS accept an application for placement from such clients. CMH will provide MDHHS with technical assistance and consultation. The numbers of such adults accepting and declining CMH services will be recorded as will the number of referrals for such services by MDHHS from CMH.

   **DMH/CMH/MDHHS boilerplate language since 1975.

3. Effective 10-1-79, never institutionalized and formerly institutionalized adults in the community not currently in dependent care will continue to receive placement and follow-up services from MDHHS in AFC non-specialized residential facilities, HA, and nursing care facilities.* MDHHS is encouraged to refer all such adults to the CMH single entry system for assessment and assistance in obtaining appropriate services. When MDHHS has no appropriate vacancies a referral is to be made to CMH for development of new facilities, placement, and/or for mental health services as needed. In short, this plan is not to be construed to preclude referrals to CMH by MDHHS at any time.

MA, SER, and complaint investigations will continue to be available from MDHHS for eligible clients.

4. By the end of FY 80/81, MDHHS will close service cases on clients who are receiving residential services from a provider who is reimbursed in whole or in part by or under contract with CMH. Service cases will remain open if the clients are part of a current complaint investigation. These cases were originally to be maintained as open cases in MDHHS per the Addendum to the Agreement dated October 1976.

5. Effective 10-1-81, utilizing MDHHS community system entry standards, CMH will assume expanded responsibility for placement and follow-up into dependent care (AFC, HA, and nursing care) of never institutionalized adults who are determined to be mental health recipients.

6. Effective 82/83, CMH will assume responsibility for eligible formerly institutionalized adults. The CMH will evaluate formerly institutionalized adults residing in dependent care upon referral from MDHHS utilizing MDHHS community system entry standards. CMH will then register and incrementally assume full responsibility for sustaining, through client service management, those determined to be public mental health recipients. This process was initiated by the April 1979 MDHHS/DPH "Interagency Agreement on Screening, Referral, and Mental Health Evaluation of Adults Placed in Alternative Care Settings Prior to January 1, 1976." That agreement stated that as the needs of this population are registered by the public mental health system, individuals will either receive services based on current resources, or be put on waiting lists pending receipt of new resources. It is anticipated that CMH assumption of responsibility for this population and the closing out of most MDHHS services cases (not MA, SER and complaint investigations) will occur by the end of FY 82/83 if not before. Not all formerly institutionalized adults will need mental health services or become mental health recipients. If they do, responsibility for these clients will be transferred to CMH. If they do not, responsibility will remain with MDHHS.

   * Regional MDHHS director may approve acceleration of time-frames based on local plans approved by CMH and local MDHHS. A copy of these plans will be sent to MDHHS Adult Community Placement Analyst, and to Director Operations, MDHHS.

SPECIFIC AGENCY ROLES AND RESPONSIBILITIES FOR MI ADULTS

1. Effective 7-1-80, CMH, thru case management agencies, will provide placement and follow-up of adults exiting any MI institution into any kind of dependent care. The placement review committee process (community placement process) involving institution and CMH staff will continue but MDHHS involvement will consist only of providing information on request about facilities and vacancies. MDHHS service cases will not be open for pre-placement planning.

2. Responsibility for placement and follow-up of recently institutionalized adults clearly rests with CMH.* Accordingly, when such adults seek placement from MDHHS, they will be advised by CMH of their right to service under the Mental Health Code and encouraged to seek placement and follow-up services through CMH. Only after such services are declined in writing will MDHHS accept an application for placement from such clients. CMH will provide MDHHS with technical assistance and consultation. The numbers of such adults accepting and declining CMH services will be recorded as will the number of referrals for such services received by MDHHS from CMH.

3. Effective 7-1-80, never institutionalized and formerly institutionalized adults in the community not currently in dependent care and not receiving case management services will continue to receive placement and follow-up services from MDHHS in AFC non-special residential facilities, HA, and nursing care facilities. MDHHS is encouraged to refer all such adults to the CMH single entry system for assessment and assistance in obtaining appropriate services. When MDHHS has no appropriate vacancies a referral is to be made to CMH for development of new facilities, placement, and/or for mental health services as needed. In short, this plan is not to be construed to preclude referrals to CMH by MDHHS at any time.

   MA, SER and complaint investigations will continue to be available from MDHHS to eligible clients.

4. Effective 10-1-81, utilizing MDHHS community system entry standards, MDHHS/CMH will assume expanded responsibility for placement and follow-up into dependent care (AFC, HA,

and nursing care) of never institutionalized adults who are determined to be mental health recipients.

*DMH (MDHHS) boilerplate language since 1975.

5. Effective 82/83, CMH will assume responsibility for eligible formerly institutionalized adults. The CMH will evaluate formerly institutionalized adults residing in dependent care upon referral from MDHHS utilizing MDHHS community system entry standards. CMH will then register and incrementally assume full responsibility for sustaining, through client service management, those determined to be public mental health recipients. This process was initiated by the April 1979 MDHHS/CMH "Interagency Agreement on Screening, Referral, and Mental Health Evaluation of Adults Placed in Alternative Care Settings Prior to January 1, 1976." That agreement stated that as the needs of this population are registered by the public mental health system, individuals will either receive services based on current resources, or be put on waiting lists pending receipt of new resources. It is anticipated that CMH assumption of responsibility for this population and the closing out of most MDHHS services cases (not MA, SER and complaint investigations) will occur by the end of FY 82/83 if not before. Not all formerly institutionalized adults will need mental health services or become mental health recipients. If they do, responsibility for these clients will be transferred to CMH. If they do not, responsibility will remain with MDHHS.

LEVEL OF CARE DETERMINATIONS

CMH, depending upon which has placement responsibility, will process SSI authorizations for adults seeking placement from MDHHS institutions. CMH responsibility for subsequent level of care determinations for each population enumerated above (never and former) will occur as placement and follow-up are transferred to CMH.

ADULTS WITH COMBINATION DIAGNOSES

Clearly many adults requesting dependent care and/or follow-up services will not simply be aged or physically handicapped or developmentally disabled or mentally ill. They will represent combinations of needs and strengths. In situations involving

combination diagnoses (MH and non-mental health), whichever agency is contacted first shall be responsible for initiating an interagency mechanism such as a placement review committee to resolve the issue of agency responsibility utilizing MDHHS community system entry standards. The decision will be based on presenting problem.

HOME RECRUITMENT/ HOME DEVELOPMENT

CMH assumed sole responsibility for home recruitment/development of dependent care resources for potential public mental health recipients on October 1, 1979. On the same date MDHHS assumed singular responsibility for recruiting and developing homes for the aged and physically handicapped. In keeping with MDHHS's mandate to transfer responsibility to CMH for planning and services delivery (see page 4), home recruitment/development responsibilities statewide, exclusive of placement and client services management will be the responsibility of CMH to the extent possible.

MDHHS/CMH will coordinate their activities at the state and local level so as to ensure community involvement in the process of establishing new community residential facilities. Linkages at the local level are essential to maximize community support.

Every effort will be made to utilize already licensed AFC facilities with vacancies as CMH implements its home recruitment/home development responsibilities. The CMH will not contract with a facility for occupied beds since this would cause persons already in care to be needlessly relocated.

GENERAL REVIEW OF FUNCTIONS/RESPONSIBILITIES BY DEPARTMENT CMH

1. Continue PRC process (community placement process for adults exiting MDHHS institutions.

2. Assist client to prepare necessary application for financial assistance (SSI, SER, MA).

3. Complete Level of Care Determination for SSI clients.

4. Recruit/develop residential settings for MH clients both from communities and institutions.

5. Develop standards for system entry from community.

6. Provide services under recipient rights protection.

7. Provide crisis intervention/emergency services.

8. Develop contracts with providers.

9. Work with MDHHS in placing recently institutionalized clients, clients who refuse MDHHS services, and clients with combination diagnoses.

MDHHS

1. MA - FIS/ES staff

2. Licensing - regulatory staff

3. Protective Services and complaint investigations - adult services staff

4. Home recruitment/development for aged and physically handicapped - adult services staff

5. Provide MDHHS/CMH with information about existing AFC facilities - adult services staff

6. Authorize SER - FIS/ES staff

7. Work with CMH in placing recently institutionalized clients, clients who refuse CMH services, and clients with combination diagnoses - adult services staff.